

Required Competency or Skill	*Self- Assessment	(Precep	otor Date itials)	+Evaluation Method	Date	Initials	Comments
Customer Service	communication	CRITICAL THINKING: Documents findings appropriately. Recognizes unique age and a communication needs of patient and responds appropriately. Assures the confidential patient information and their rights to privacy (i.e., auditory and visual privacy).					
A. Greets and identifies patient							
(1) Welcomes patient/family and introduces self							
(2) Assures patient confidentiality and right to privacy							
(3) Validates patient's eligibility							
a. Checks DoD identification card							
Confirms patient identification using two personal identifiers such as full name and date of birth							
B. Locates patient's record in immunization tracking system (ITS) and/or AHLTA							
(1) Verifies name, SSN/sponsor's SSN, phone number and address	t						
(2) Verifies DEERS eligibility and Tricare enrollment status							
C. Children must be accompanied by a parent or legal guardian per local clinic policy							
Patient Screening	vaccinations in Documents file	for all age gro Indings appro I responds ap	oups and ma priately. Red propriately.	cognizes unique Assures the cor	product se age and la	lection base nguage co	ations for ed on responses. mmunication needs nformation and their
Screens patient records (i.e., ITS, AHLTA, DEERS, State Immunization Systems, and/or paper medical/shot records) to identify influenza vaccination requirements in accordance with ACIP and Service Specific recommendations							
B. Screens patient for the following contraindications or precautions using a standardized list of questions (either verbally or written) prior to influenza immunization							
(1) Age younger than 6 months							
(2) Allergies to medications, food (eggs, egg protein), or vaccine component (i.e., gelatin, formaldehyde, thimerosal latex)	,						
(3) Acute illness, medical condition, or long term health problem (Including but not limited to: compromised immunsystem, neurological issues, chemotherapy, X-ray treatments in past 3 months, etc.)	е						
(4) Current medications (Over the counter, Prescription, Herbal supplements, etc.)							
(5) Recent blood products, transfusion, or immune globuli	n						

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Paguired Competency or Skill	*Self- Orientation		Validation of Competency				
Required Competency or Skill	Assessment	(Preceptor Date & Initials)	+Evaluation Method	Date	Initials	Comments	
Patient Screening	vaccinations Documents needs of pa	THINKING: Recognizes so s for all age groups and ma findings appropriately. Rec tient and responds appropri hts to privacy (i.e., auditory	akes appropriat cognizes uniqu riately. Assures	te product se ue age and la s the confide	election bas anguage co	ed on responses. mmunication	
(6) Administered live vaccines within the last 4 weeks (does not apply to IIV)							
(7) History of adverse reaction(s) following previous dose of any influenza vaccine (i.e., Guillain-Barre)							
C. Verbalizes to patient/parent/guardian the potential expected and rare reactions after influenza vaccination							
(1) Distinguishes between side effects and adverse events to include symptoms, length of duration, and treatment plan							
(2) Mild symptoms after vaccination: soreness, redness, or swelling at vaccination site; fever, fatigue, head, body and muscle aches							
(3) Serious allergic reaction after vaccination: difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, fast heartbeat or dizziness							
(4) Informs patient that possible side effects are usually temporary and what to do if an adverse event occurs (i.e., seek immediate medical attention)							
(5) Documents hypersensitivity to any vaccine, vaccine component, or medication in patient medical records							
(6) Enters Medical/Administrative exemption into DOD approved electronic ITS per health care provider direction when applicable							
Patient Education	all age grou	HINKING: Recognizes par ups and product selection. and language communica propriately.	. Documents fi	indings app	ropriately.	Recognizes	
A. Provides required education materials to patient/parent/guardian							
(1) Current Vaccine Information Statement (VIS) for injectable influenza prior to administration (language appropriate or audio for visually impaired)							
(2) Provide additional educational materials as appropriate							
(3) Allows patient/parent/guardian an opportunity to ask questions and provide additional educational information as needed to address concerns associated with influenza vaccine							
 Refers patient/parent/guardian to a health care provider for consultation and/or evaluation prior to influenza vaccine administration, if indicated 							

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	Assessment	Initials)	+	Evaluation Method	Date	Initials	Comments	
Vaccine Administration Procedures	and right route recommended reactions. ** A plunger after n	NKING: Follows man , to the right patient a route of administratic spiration before inject eedle insertion, befor ended injection sites.	at the rig on may i tion of va re injecti	ht time. Und reduce vacc accines or to	lerstands that ine effectiven oxoids (i.e., pl	the deviation the session to the session the session to the sessio	rom the the risk of local he syringe	
A. Selects appropriate injectable influenza product based on age and screening of patient								
B. Verbalizes understanding of the standing order and package insert for the administration of injectable influenza vaccine to adult and pediatric patients								
C. Gathers required supplies for administering influenza vaccine (i.e., gauze, alcohol pads, bandages, sharps container, etc.)								
D. Follows OSHA and Infection Control practices								
(1) Wash hands with soap and clean water, or use an alcohol-based hand cleaner before and after patient contact								
(2) Wears gloves if skin is broken, open lesions on hands, contact with potentially infectious body fluids, or clinic policy. (Per OSHA guidelines, gloves are not required)								
(3) Ensure gloves are changed between patients (if worn or utilized)								
E. Prepares injectable influenza vaccine for administration								
(1) Removes properly stored influenza vaccine from refrigerator at (2-8°C); Do Not Freeze								
a. Inspects vial/syringe for damage or contamination								
 b. Checks vaccine(s) expiration date(s); Double check vial label and contents prior to drawing up 								
(2) Multi-dose vial								
Removes plastic cap and labels multi-dose vaccine vials with date/time opened and initials								
 b. Prior to withdrawing dose agitates (shakes) the vial to mix thoroughly to obtain a uniform suspension 								
c. Wipes vaccine vial top with alcohol pad prior to withdrawing dose								
d. Withdraws appropriate dosage from vial								
e. Ensures any opened multi-dose vials without proper labeling of date/time opened, and/or initials be discarded at the end of duty day								
(3) Manufacturer prefilled syringe								
a. Shake prefilled syringe to thoroughly mix contents								
b. Remove tip cap and attach appropriate size needle (if required)								
c. Ensures any manufacturer prefilled syringe with syringe cap removed and/or needle attached is discarded at the end of duty day if not administered								
(4) Maintains aseptic technique throughout vaccine preparation process								
F. Administers injectable influenza vaccine per ACIP/ manufacturer guidelines ensuring proper route, dosage, timing, and indications/contraindications:								
(1) Selects 22-25g needle and appropriate length based on administration route and body size								

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Vaccine Administration Procedures	CRITICAL THINKING: Follows manufacturer guidelines. Administers the right vaccine, right of and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk local reactions. ** Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended injection sites.						
(2) Selects appropriate dose based on age							
a. 6-35 months = 0.25mL (except for FluLaval, which is 0.5mL for this age group)							
b. 3 years and older = 0.5mL							
(3) Selects appropriate influenza vaccine based on age							
a. Fluzone Pediatric (IIV4) (6 – 35 months of age)							
b. FluLaval (IIV4) (6 months and older)							
c. Afluria (IIV3) (licensed for 5 years and older; but ACIP recommended for 9 years and older)							
d. Fluarix (IIV4) (3 years and older)							
(4) Selects appropriate anatomical site based on age							
a. Infants and toddlers (lacking adequate deltoid mass); anterolateral aspect of thigh							
 b. Toddler/Children/Teens/Adults: the deltoid muscle is recommended for routine intramuscular vaccinations; demonstrates 3 fingers down from acromion process to select proper area 							
(5) Preps the site with an alcohol wipe using a circular motion. Allow alcohol to dry.							
(6) Inserts the needle fully into the muscle at a 90o angle (per ACIP aspiration is not required)							
(7) Injects vaccine using steady pressure then withdraws needle at angle of insertion							
(8) Applies light pressure with gauze to injection site for several seconds							
(9) Influenza Vaccine Pediatric Dosing Schedule:							
G. Immunization Recordkeeping							
(1) Records immunization(s) accurately in a DOD/ USCGapproved electronic ITS according to Service-specific policy at the time of immunization (or no later than 24-hours after administration							
(2) Documents the following information:							
a. Type of Vaccine							
b. Date							

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G. Immunization Recordkeeping C. Route, anatomic site d. Dose e. Lot number f. Vaccine information sheet (VIS) date g. Manufacturer h. Name/signature of vaccinator in Name/signature of vaccinator h. Do Form 2786 c. SP 600801 d. Provides post-vaccination instructions d. Provides post-vaccination informunization to the patient h. Provides post-vaccination instructions d. Provides post-vaccination in monitoring of possible d. Provides post-vaccination in monitoring of possible on interfluence of possible on monitoring of possible on interfluence of possible on i	Required Competency or Skill	*Solf Agggggggg	Orientation	Validation of Competency				
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	receptor's Initials	Printed Name		Signature				

^{*}Self-Assessment: 1=Experienced 2=Needs Practice/Assistance 3=Never Done N/A= Not Applicable

⁺ Evaluation / Validation Method: T=Written Test D=Demonstration/Observation V=Verbal review I=Interactive Class